

The Falls Church Episcopal  
Day School

*Serving children and their families since 1963*

Board Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a member of The Falls Church Episcopal?    Yes                  No

- If so, how long have you attended? \_\_\_\_\_
- In what areas have you been active?

If you are not a member, where do you worship? \_\_\_\_\_

Describe your involvement:

How long has your family been associated with the Day School? Describe your involvement.

What talents do you have that you would maybe want to share with the Day School?  
Which area(s) interest you most?

I am aware I'm applying to represent TFCEDS Board as a voting member.

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature